persons on board exceeds 300, or whenever, with more than fifty passengers on board, the voyage exceeds eighty days by sailing, or forty-five by steamship. The scale of diet enjoined by law is fairly liberal, but on the large steamships in the American trade is not adhered to, the provisions being abundant in quantity, and excellent both in quality and variety. Lime-juice is issued to emigrants only in the tropics, additional allowances being served out at the discretion of the medical officer.

(7) The concluding sanitary clauses, relating to Orders in Council, give power to frame any special rules for promoting health and securing cleanliness and ventilation on board emigrant ships, allowing the use of distilling apparatus under certain circumstances, defining the quantity of fresh water to be carried, and prohibiting emigration from any of our ports when cholera or any epidemic disease is prevalent in the United Kingdom.

We submit this summary of the sanitary clauses of the Merchant Shipping Acts to our readers, because, in their practical bearings, these clauses have important relations to certain sections of the Public Health Act of 1872, should be construed with them, and hence should be read and studied carefully by all port medical officers of health. We hope in a future article to point out how these two Acts, as it were, dovetail into and are liable to clash with each other.

Correspondence.

"Audi alteram partem."

CROUP AND DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—I am sure Dr. Geo. Johnson would not knowingly make a misquotation, and hence I conclude his citing me to say "English cholera" instead of English diarrhœa, which was the term I used, must have happened through his not sparing enough attention for that part of my argument, which I accordingly respectfully leave to his further consideration.

And, indeed, both sides of this great question concerning the identity of croup and diphtheria need be well considered. All the evidence Dr. Johnson adduces for this identity is that they both produce false membranes in the trachea, and that we can only infer identity of cause from identity of effect. But, Sir, we already see that this identical effect, the false membrane in the trachea, has been produced (1) by boiling water, or rather steam, for there is no reason to think the water itself ran down the trachea; (2) by fumes of acid; (3) by a bean in the trachea. In the face of this surely Dr. Johnson cannot argue that membranous tracheitis, because it is the same thing, must always have the same cause. We see already four kinds of cause—acid fumes, steam, diphtheria, and a bean. Cold air *may be* as great an irritant as a bean.

But I can show nearly certainly that cold air *is* as great an irritant as the bean. It has hitherto, in this discussion, been assumed that fatal sporadic croup always brings false membrane. This is, however, not the case. Thus I saw a child for four days who, after long exposure in an easterly wind, was for that time the subject of true croup, the tracheal inflammation slowly increasing until, suffocation being more than imminent, I could not await Mr. Bryant's arrival, but opened the trachea with my pocket-knife. The child was quickly relieved, but died next day, and post-mortem examination showed that *there was no false membrane whatever present*. Cases also are known to occur which offer every gradation between mucus and false membrane. Would such cases as the above be claimed as diphtheria? Surely no; for they have not even the membrane, by which alone we are told to identify that disease. They are simple tracheitis.

Now, Sir, I would ask Dr. Johnson to give his judicial and impartial consideration to the following argument or point of view. First, as the simple tracheitis kills without false membrane, or with approaches to false membrane, its fatal severity is sufficiently proved; and, secondly, as the various simple irritations of a bean, of steam, or of the fumes of acids, bring false membranes in the trachea by their severity, and as simple inflammatory tracheitis proves its severity by killing, it is surely to be expected that the simple inflammatory tracheitis which is severe enough to kill is also severe enough to bring false membrane, like the various other grave irritations. Very humbly I think, if Dr. Geo. Johnson sees no cogency in that evidence, the majority of other people will form a different estimate of its force.

One word as to the practical importance of the question. A hasty decision is much to be deprecated because of the issues at stake. It was the conviction I had of this which induced me to write as I have done, fearing, through my respect for the opinions of Sir W. Jenner, Dr. Geo. Johnson, and yourself, that such authorities being all on the same side, it might be decided offhand that in England grave croup is diphtheria. But the saving of life may depend on one's not holding such a belief. Thus I saw, not long ago, with Dr. Magor, of Hornsey, a child with grimly "true" croup, whose condition grew steadily worse and worse during some days, until it was slowly suffocated in the usual miserable and horrible way, and it had apparently breathed its last. I then opened the trachea with Dr. Magor's assistance, and, as the child gave no signs of breathing, I sucked a quantity of mucus from the windpipe, and Dr. Magor did so also. Then, the air-passage being cleared after eleven minutes of steady artificial respiration, the child took a breath, and slowly came in a few more minutes to life again, and though it died four days after of pneumonia, we had the satisfaction of giving it—it was an only child, six years old—a fair chance of recovery. To do this, if croup is really diphtheria, would be foolhardy in the extreme; but neither Dr. Magor nor I came to any harm by what we did; and as a pledge of the earnestness of my conviction, if from no other motive, I would be ready to do the same again in a case of what I considered to be true croup and not diphtheria.

Now, on their other part do Sir W. Jenner and Dr. Geo. Johnson, when they meet with a case of sporadic croup in a member of a family of children, order all those precautions which they would enforce if sporadic scarlatina appeared in that family? They must, I suppose, do so if they are quite clear that such croup is diphtheria. But is this the usual practice? and, if not, why has not experience made it so?

Sir, this question is one of vast moment, and surely cannot be settled superciliously nor by pungent sentences. Probably, whatever we all say, the common sense of the profession will still continue to recognise fatal true croup as a disease distinguished from diphtheria by its sthenic severity and suddenness, and by the absence of contagion.

I am, Sir, your obedient servant,

Finsbury-circus, March 9th, 1875. WALTER MOXON.

To the Editor of THE LANCET.

SIR,—The very simple point in my last letter hardly seems to be met by Dr. Johnson's reply, full of material and interest as his communications always are. That point is that the natural history of membranous croup, as existing from thirty to fifty years, is not identical with the natural history of diphtheria as of late prevailing. I raised no question for the moment as to anatomic identity, nor as to whether real diphtheria has prevailed at different times and places since the time of Aretæus; most likely it has, and most likely it has often enough been called angina maligna and sundry kinds of names.

What I mean by non-identity of natural history is this:—1st. That a fair excerpt of the descriptions of croup current from 1820 to 1850, does not supply a delineation in any degree truthful of the course of modern diphtheria. 2nd. That the image of croup, as it possessed the medical mind from 1820 to 1850, is not at all conformable with the image of diphtheria now prevailing in the profession. 3rd. That at a given crisis, say about 1855, the profession was distinctly conscious of this breach of conformity; that men who had been intimate with croup for years confronted diphtheria in amazement; and that though some of their cases must have been pretty purely suffocative and laryngeal, they failed to recognise in them an ancient foe.

It seemed to me clear therefore, either that one and the same poison had not been always at work, or that it had largely modified its method of self-presentation. Such variations of type may be easily explained; but it needs to be met and explained away, or it will continue to be, as it doubtless has been, one great hindrance in the minds of middle-aged men to the reception of newer views. They know what croup was, they see what diphtheria is, and, rightly or wrongly, struggle against the conclusion that they are the same disease.

I went on to state in my last letter, and I repeat now, that the principal point of difference in the two chapters of natural history appears to be this—that a case of purely laryngeal diphtheria nowadays would be a unit in a series of cases, the other units of which series differed from itself, whereas a case of old croup had no such immediate surroundings of faucial, glandular, paralytic, and scarlatinoid brethren.

Dr. Johnson is startled at my saying that hardly one-tenth of the deaths from diphtheria are due to suffocation. But there are degrees of directness in suffocation, varying from the six or eight years process of senile bronchitis to one minute and a half in the practice of Professor Calcraft. Even in scarlet fever death is often accelerated by interference with the air-passages. My affirmation was that the acute and direct strangulation, which was the rule in croup, is really exceptional in diphtheria.

Dr. Johnson asks, fairly enough, whether I believe that membranous croup at the present day is ever other than the result of the diphtheritic poison, and if yes, on what grounds. I will not venture to state that it ever is. We are all waiting for the verdict on this point. There will be room for a doubt, however, in my mind till that more inclusive axiom, *Omnis diphthera ex diphtheriâ* is definitively settled. Believing at present, not dogmatically, but in a feeble way, that we may have diphtheria without a membrane, and a membrane without diphtheria, having seen two bad cases with paralytic sequelæ (cardiac, and ciliary muscle) in which no membrane ever existed, and another, now under treatment, of stomatitis from toothache, with submaxillary abscess, during which a roll of distinctly diphtheritic membrane formed under the tongue, beside the frænum, without a scintilla of evidence, except the membrane, that any specific poison was at work, I venture provisionally to think that the truth may possibly one day define itself thus:—

1. That a mucous or cutaneous surface may sometimes effuse membranous material under non-specific excitation.

2. That some special excitants, telluric or atmospheric, possess the power and habit of arousing this exudative faculty in special regions, the product being still non-specific.

3. That the false membrane may appear as a feature and consequence of specific blood-poisoning, when it becomes, of course, itself specific and poison-bearing.

As an illustration, not exact but suggestive, may be cited the exudation of herpes, sometimes neither specific nor specially localised, as from teething; sometimes specially localised but not specific, as in shingles and after influenza; sometimes associated with and bearing a specific contagion, as in herpes circinatus. Erysipelas might supply even truer exemplications if studied with that view.

Dr. Johnson must forgive me for airing these fantastic ideas side by side with his more solid conclusions. Perhaps he will also pardon one more intrusive suggestion: if in due time he should establish his position and show all these cases to be the result of one and the same poison, surely he will withdraw the nomenclature now proposed. If membranous laryngitis is diphtheria, why not call it so? Stridor is but a feeble link wherewith to join it to essentially different conditions. The profession is only wedded to the word croup because of the happy way in which its vagueness coincides with the vagueness of the pathology which gave it birth. Precision of idea will soon not only permit but demand fitting expression. Suppose three children in one family smitten with diphtheria, should we class the case of the one who died acutely strangled as a congener of laryngismus stridulus under the head of croup because the child crowed; and the case of the second, under the adynamiæ, because it ended by exhaustion; and the third as a neurosis, because fatal through paralysis of the heart? Even membranous laryngitis would not do any more than phagedænic tonsillitis would do for some cases of scarlet fever. Dr. Johnson has long had the real matter before him, and no man is more likely to work it thoroughly out. If he can satisfy the world that all these eventualities are varieties of one given disease, diphtheria, and the product of one definite poison, let the whole be called by one name; let the nomenclature follow the facts.

By all means specialise by qualifying adjuncts if required, as laryngeal diphtheria, diphtheric paralysis, &c., but always include the name which indicates what the condition essentially is, and suppress those which indicate affinities which it essentially has not. Membranous laryngitis, as suggested by yourself, Sir, and Dr. Johnson, would but little affect the general pathologic idea; it would bespeak no caution against infection, nor invite any other treatment from the routine practitioner than such as he had habitually employed for "inflammatory croup."

Asking you to permit this one more intrusion,

I am, Sir, yours faithfully,

Maidstone, Feb. 19th, 1875. Stephen Monckton.

BIRMINGHAM MEDICAL INSTITUTE.

To the Editor of The Lancet.

Sir,—Whether homœopaths shall be admitted as members of the Medical Institute recently formed in this town, is a question of such vast importance to the medical profession that I feel no hesitation in submitting these few remarks on the subject to the notice of your readers.

It appears to me that the whole thing lies in a nutshell. Homœopathic practitioners, or professors, or whatever they they are called (and it matters little whether their system is sound or unsound), have gained admission into the ranks of a profession the principles and practices of which they altogether disapprove, and having secured their degree or diploma from one or other of our own colleges, on the faith of doctrines known as allopathic or, in other words, having obtained a licence to practise in accordance with the principles of "allopathy," they forthwith discard the very system they were admitted to practise, and embrace an entirely new one, the benefits of which to the public are as infinitesimal as the globules they profess to use. This new system has laboured hard, and is still labouring hard, to upset and destroy the legitimate system of medical practice on which they have so improperly entered, and with which they are now seeking to become more intimately identified.

It will be in the recollection of many of your readers that Dr. Newman, and other ministers of the Church of England were admitted into the clerical profession as homœopaths were admitted into the medical—viz., through the same portals as the legitimate members of those professions; but Dr. Newman feeling a conviction in his mind that the doctrines of the Church of Rome were the sound and true doctrines—and there have been many similar converts to the Church of England,—honestly and honourably seceded from the Church of England. But, Sir, how have the homœopaths acted? Have they honestly and honourably seceded from a profession of which they disapprove? If they are possessed of those honest and honourable feelings, how can they remain members of a profession with the principles and doctrines of which they utterly disagree? Surely such men have no right to expect to be recognised by the legitimate members of the medical profession, and if so, surely they can have no claim to be admitted as members of a society which was founded for the establishment of a medical library and for the dissemination of the principles and practices of allopathy. It is idle for the local press, or rather for a portion of it, to write such nonsense about depletion, mercurialisation, &c. The medical profession is far above such petty sneers. A profession which at the present moment is dispensing its gratuitous advice and assistance, entirely without fee or reward, to one-third of the population of this kingdom, may well afford to hold in contempt the sneers and the taunts of another profession which gives not one jot of its professional earnings to this or any other benevolent object.

I am, Sir, yours, &c.,

Edwin Chesshire, F.R.C.S.

Newhall-street, Birmingham, March 8th, 1875.